

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First 1. DECEASED-NAME Middle 20. DATE KNOWN Month Doy Year (Type or Print) SYLVIA DA BROOKS 23 6811P M AUG PM3.-Poge DEATH MATED delay and 3 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 10-14-38 Day Year F 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH form country) MD TALBOT USA WIDOWED [DIVORCED [in Item 18. Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRYNONE give Niet address) AL during most of working life, even if retired.) EASTON Office olong 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER poges I and 2 with odmission) STATE 13b. COUNTY TALBOT 111 S.WEST EASTON YES NO after 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME Middle Lost EDWARD WEBB RUTH SAMPSON hours the Chief Medical Examiner's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, ng or unknown) 217 36 2183 Ruth Brooks, 111 S. West St. File APPROXIMATE INTERVAL certificate should be executed event within CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) RESPIRATORY FAILURE HRS DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove ALCOHOL-BARBITURATE SYNERGISM rise to immediate couse (a), writing the word DUE TO OR AS A CONSECUENCE OF stoting the underlying couse 0.15% 0.75% Ξ forworded to gud PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 ds removal 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YESX pe 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE MOT WHILE burial, 22a. I certify that I taok charge of the remains described obove, held an Autopsyx X, Inspection [Inquiry and in my apinian death resulted from: Natural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE Aug. 24, 1968 FOR DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth moy ADDRESS(Street, city, town, or county) NAME (Type) 50 23b. DATE 23o. BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) WEMORIAL 8-29-68 RICHARDS EASTON ALBOT 24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATESEP VR A15ME (5) 10M REV. 1/68 DASHIELL 426 DOVER ST EASTON

MARYLAND STATE DEPARTMENT OF HEALTH

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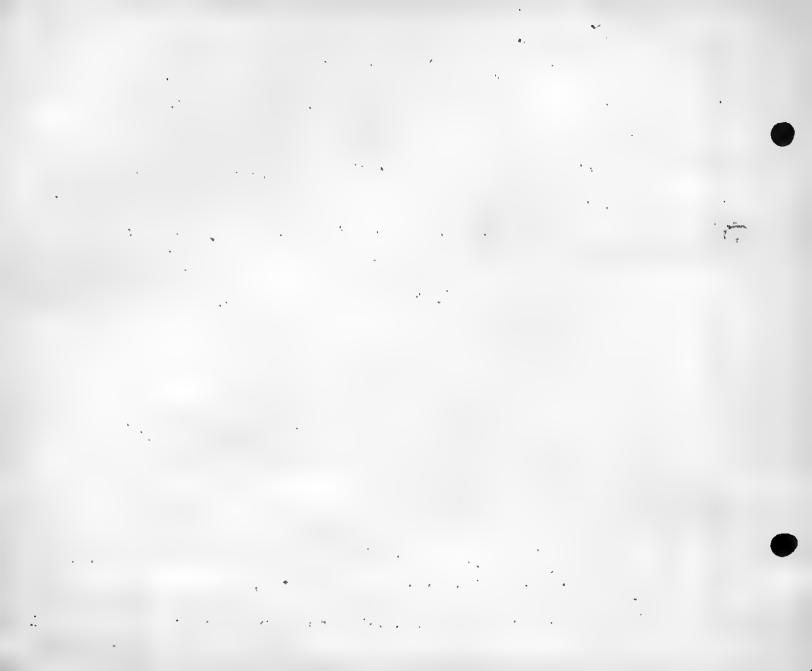
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FOR STATE	Ĺ	12083 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12083	. , , 98
HEALTH DEPT		FEEASED-NAME (Type or Print) MARY MIOSELIZABETH CORNISH OF ESTI- DEATH MATED Aug.	7 168 A. M
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offe 3. Gi alon with eath.		SUAL RESIDENCE (Where deceased lived, if institution Residence before T3c City or TOWN) 13d MSDE CTY JM 157 13e STREET AND NUMBER 13b COMOTChester Hurlock YES NO K R.F.D. (Ne	ar Mission)
Tand stee		ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Glennie Adams Annie Cornish	Last
5 5 5 5		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. NO. of unknown) 18. NO. of unknown) 199-03-1790 Martha V. Cornish, Hurlock, Mary	land, RFD
INER: This certificate should be executed with ne certificate, writing the ward "pending" in pency should be farwarded to the Chief Mildral Examine files. 3 should be used as a burial-transit permit. File pagation, or removal, and in any event within 72 hours		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Oue TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate cause (a). Stoting the underlying cause last (c) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) Cardiac arrest DUE TO, OR AS A CONSEQUENCE OF (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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necessary, please execute the certification of the form of the funeral director. Page 4 shauld 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should Health price to burial, cremation,		22a. I certify that ! taak charge of the remains described above, held an Autopsy, inspection, inquiry, death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, CHIEF MEDICAL EXAMINER, CHIEF MEDICAL EXAMINER, M.D. ASSISTANT MEDICAL EXAMINER, DEPUTY MEDICAL EXAMINER, DEPUTY MEDICAL EXAMINER, ADDRESS(Street, city, town, or county)	
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tificate hysicio n plea: val, on	160	Was Deceased ever in LS ARMed FORCES? Yes, no grunknown) (If yos give war or dates of service) 16b. SOCIAL SECURITY NO 17. INFORMANT Niss Sandra Cummings, Tilghman; Nd.
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cotaletely filled is director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon paper should be filed with the State Dept. of Health priar to burial, cremotian, ar removal, and in any event, within 72		18. CAUSE OF DEATH (Enter only one cause per light for (g), (b), and (cf.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS CONSEQUENCE OF Conditions, if only, which gave rise to immediate cause (g), starting the underlying couse lost. (c)
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ICIAN: Joirol or tificate d for us	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBLING CAUSE OF DEATH (If either, notify medical examiner) 21b. TIME OF INJURY 12c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 14c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
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TENDING lined by i OR: After ould be out the Stati		22a. I certify that (I) (this hospital) attended the deceased from 1962, and that in (my) (our) opinion death accurred on the date and haur and from the tayses stated above, (I) (we) (did) (did not) right the bady after death.
L OR ATTENI be retained DIRECTOR: A ge 3 should iled with the		22N SIONATURE WED. STAFF 22c DATE SIGNED STAFF PHYS. BEGREE PHYS. DIRECTOR STAFF PHYS. DIRECTOR PHYS. PHYS. DIRECTOR PHYS. PHYS. DIRECTOR PHYS. PHYS.
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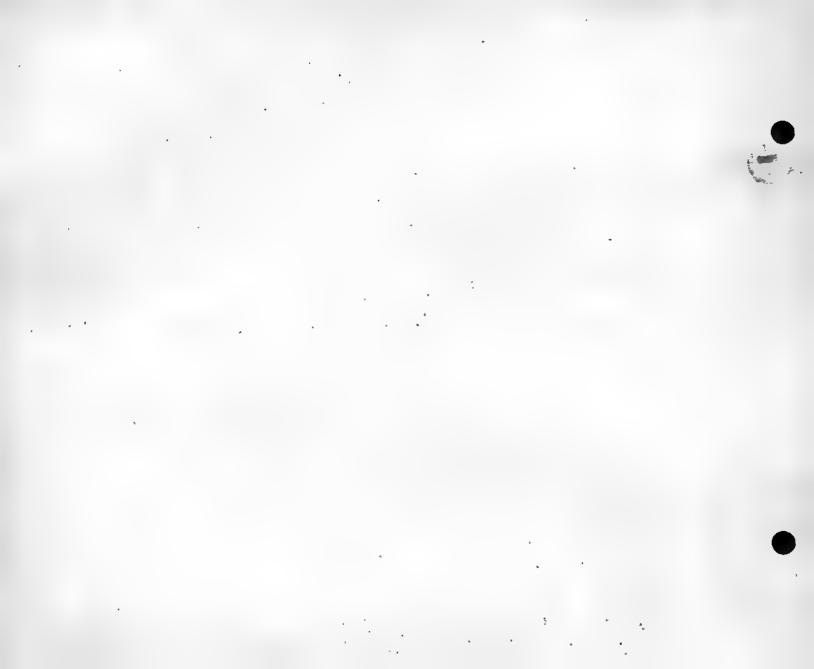
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O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld Schauld be filed with the		22d PHYSICIAN'S NAME (Type) W.E. Latimer, M.D. 22d PHYSICIAN'S NAME (Type) W.E. Latimer, M.D. 22d PHYSICIAN'S Latimer, M.D. 22e_ADDRESS Easton, Md.	
Page 4 O FUNI directo	23a	EJEVAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) PUGUST 44, 1568 USODLAWN NETHORIS IL PARK GASTON TALBOT MD.	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, cren	22-			3c NAME OF CEMETERY O			OCATION (City or Town)		(State)
Sho Base	230	BURIAL, CREMATION, 23 REMOVAL (Specify)	8-9-68	Greensbo			reensboro	(County)	, ,
	244	FUNERAL DIRECTOR	0-9-00	ADDRESS		. REC'D BY REGIST		Maryla	RIIO
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	14.	FATHER'S NAME First	Middle Lost	1s. MOTHER'S MAIDEN	NAME First Mi	ddle Lost
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expended 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician are director, page 3 shauld be detached for use as the burial-transit permit. Then please remained be filled with the State Dept. of Health prior to burial, crematian, or removal, and in any		WAS DECEASED EVER IN U.S. ARA (es, no, or unknown) (II yes give w	MED FORCES? yor or dates of service) 465. SOCIAL SECURITY	NO 17 INFORMANT WAS CYN	THIA DYOTT	REDGELY MD.
Gerl The P		18. CAUSE OF DEATH (Enter on	ly one couse per line for (a) (b) and (c)			APPROXIMATE INTERVAL BETWEEN OASET AND DEATH
다 를 다 의	П	PART I DEATH WAS CAUSED	Ity one couse per line for (a), (b), and (c) D BY ATE CAUSE (a)		v. uc	DE WEEN ORSE AND DEATH
de de min ther n', o	L	FIFTY . IMMEDIA	0 /-	1 1		1 - 0.00
the of the trial	П	Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF	411	(INT TOMA)	2 Aren
Total	П	rise to immediate couse (a), (DUE TO, OR AS A CONSEQUENCE OF	Ji coman	1 , 300	
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phy phy sign buri		PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1(0)	
ren ng he to	×	1112				
lov be be rior	ATIO	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?		DINGS CONSIDERED IN CERTIFYING
The atte	CERTIFICATION			YES 🔁	NO CAUSES OF DEATH?	Yes
ar a		21o. ACCIDENT WAS UNDERLYIN		21c. HOW INJURY OCCURRED	D (Enter nature of injury in Part 1 or	Part 2, Item 18.)
[[A]	3	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Month Day Year			
VSI osp cert hed bed	æ			TTORY.) 21f. LOCATION Street or R	R.F.D. No City or Town	County State
PH ne h		While hot while at work	OFFICE BUFLDING, ETC	/	, 2	
NG V ≠ V Fer i e d	П		is hospital) attended the decease	ed from	. 19 ta	, 19, that (I) (we) lost
Afr Afr e St	Н	saw the deceased a	live onl	and that in (my) (a)		the date and haur and from the
B S S S S S S S S S S S S S S S S S S S		couses stoted obove	e, (I) (we) (did) (did not) view the	body after deoth.		
A to Disk til	П	22b SIGNATURE	N-G	The Landing ATTENDING	MED. STAFF	22c DATE SIGNED, Aug. 60
Ped Sed		341	TEALVINIA MAP	DEGREE PHYS	DIRECTOR PHYS.	21 744/47/
AL Poor	L	22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		ζ 7
SPII 4 m 1ER or, d b		name (Type)				
5 8 2 1 2 0 0	236	BURIAL, CREMATION, 23b. I	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Tow	n) (County) (Stote)
5 5 5 × 6	1	TWO CALL	6.29/468 15	DGELY	KINGELY	CAR MI),
VR A15 (4) 30M REV 1/68	24.	PONERAL DIRECTOR	ADDRESS	Juna track MM 250.	RECD BY REGISTRAR 256. RIGH	STRAR'S SIGNATURE
7/ 1 30M REV 1/68		C 144 1/1	107 MONIE	PEN TOR , POLY DATE	E OFL 9 1900 1	marca Judge
to the second se						67



1 -		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(10)	_	12093 CERTIFICATE OF DEATH
e e e e e		ECEASED-NAME First Middle Lost 2a. DATE OF DEATH Type or print) HAZE PARTY EMERS N 2a. DATE OF DEATH Month Doy Year 25 AM
after (the fun ges 1 after (3 \$	S DATE OF BIRTH: 1 A RACE 1 A RACE
be executad within 24 haurs after and campletely filled in by the informacy carbon papers. Pages in any event, within 72 haurs after and the informacy event.		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
n 24 Illed pape in 7.	10.	MIDOWED DIVORCED H 50 Md CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
withii tely fi rbon ; with		EASTON give street oddress) Me and FIA! Hospital working life, even if retired. Will Hoppo
ecut≣d ample ave ca / eveni	odm	USUAL RESIDENCE (Where, deceased lived, if institution: Residence before 13¢ CITY OR TOWN 13e in 1906 CITY (IMPTS) 13e. STREET AND NUMBER 15sion) STATE 11. STATE 12. STREET AND NUMBER 13c COUNTY 12. STATE 13c COUNTY 13c COUNTY 13c COUNTY 13c COUNTY 13c CITY OR TOWN 13c CITY (IMPTS) 13e. STREET AND NUMBER 13c COUNTY 13c CITY OR TOWN 13c CITY (IMPTS) 13c CITY (IM
be exe	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
ificate by the second and another	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (es, no, or unknown) (es, no, or unknown) (es, no, or unknown) (for the war or deres of service)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut≡d within 24 haurs after death Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prove carbon pagers. Pages 1 and should be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (r).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Out 1967 DUE TO DR AS A CONSEQUENCE OF
hat the n. y the a ansit pe		Conditions, if any, which gove rise to immediate couse (a). Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
ures t sysicia gned b rnal-tr		last. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
w required plans p	N.	
The lar attend attend has be as the prior	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CIAN: ntal ar ificate for u for u	MEDICAL CER	216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19
PHYSIC te hosp his cert etached Dept. a	WED	[If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED Not while Not while Not work of work of work of work of work of work.
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burnal-transhould be filed with the State Dept. of Health priar to burial, creating the state Dept.		22a certify that (1) (this haspital) of ottended the deceosed from
R ATTI retain retain 3 shou		226 SIGNATURE 22c DATE SIGNED
IAL Oloy be AL DIR page e filed		22d. PHYSICIAN'S 22e. ADDRESS 22e. ADDRESS
A m NER		NAME (Type) Robert W. Trever M.D. Easton, Maryland 8/2/68
TO HOSPITAL Page 4 moy TO FUNERAL director, pag should be fil	230	BURIAL, CREMATION, 23b, DATE 23ct NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) & C/6-8 - CHOPEN PARK NOTIONS (Stote)
VR A15 (4) 30M REV 1088	24/	FUNERAL DIRECTOR 250. RECISTRAR 250. REGISTRAR'S SIGNATURE ALL 8 1968 KULLEN YUGAN



	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
4	CERTIFICATE OF DEATH
1. DECEASED	
3. SEX	nale 4. RACE Lite 5. DATE OF BIRTH 6 AGE (In years IF UNDER YEAR IN UNDER 24 HI ONDER 24 H
7a. BIRTHP1	PLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19. COUNTY OF DEATH WIDOWED DIVORCED 7b. COUNTY OF DEATH WIDOWED DIVORCED 7c. COUNTY OF DEATH
10 CITY OR	ASTON GENERAL DESIGNATION (If not in hospital give street address) MEMORIAL START WORKING TO BE EVEN THE START OF THE STAR
3 admission)	L RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 430 INSIDE CITY UM IS? 13e STREET AND NUMBER
) 14. FATHER	RS NAME First Middle Lost 15. MOTHER SMAIDEN NAME First Middle Lost EDVIAGO C FLANSING FILLOW V BIRCH
	DECEASED EVER IN U.S. AR MED FORCES? A upknown) (If yes are for or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT MOSS. E.C. EVA NO. 3.6. OCEAN CITY!
Candi	APPROXIMATE INTO DATE APPROXIMATE INTO DATE BETWEEN ORSE AND DEATH APPROXIMATE INTO DATE BETWEEN ORSE AND DEATH APPROXIMATE INTO DATE BETWEEN ORSE AND DEATH A DOLL TO, OR AS A CONSEQUENCE OF Intrians, if only, which gave to immediate cause (a). (b) A - Kamputation (F) (c) A - Kamputation (F) (d) A - Kamputation (F) (e) A - Kamputation (F) (f) A - Kamputati
stotin last PART	T 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
RTIFICA	DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES TO CAUSES OF DEATH? YES TO CAUSES OF DEATH?
등 (Il eith	ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 12c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 14c. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Item 18.) 15c. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Item 18.) 16c. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Item 18.)
While at war	INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County State of work of work
22a	I certify that (this haspital) attended the deceosed from 12 (ave), 1968, to 21 (bvc), 1968, that (t) (we) saw the deceased give an 12 (bvc), and that in (ave) (aur) opinion death occurred on the date and hour and from causes stated above, (1) (we) (did) (did not) view the body after death.
22b S	SIGNATURE DIPLOME FATTHERING DIRECTOR DIRECTOR DIRECTOR DIPLOMED. 22c DATE SIGNED DIRECTOR DIRECTOR DIPLOMED. DI AUG'CS
22d.	PHYSICIAN'S NAME (Type) 22e. ADDRESS
(BEM9	IA. CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 9/H (Specify) 8 26 68 5
24) FUNER	RAL DIRECTOR A, Butage Bulin Mel 250. REGISTRAR SIGNATURE

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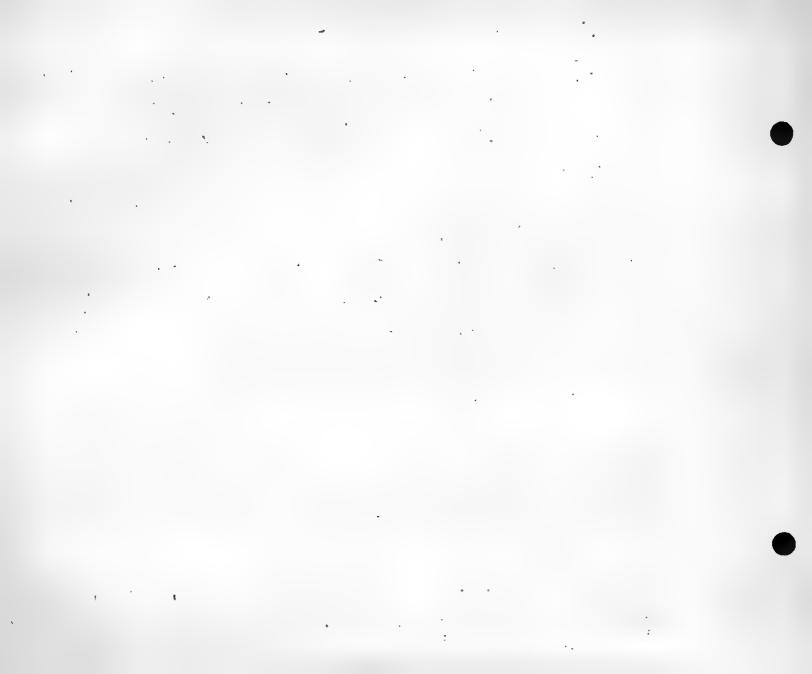
_	MARILAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	12095 CERTIFICATE OF DEATH
£ _ 7 £	1 DECEASED WAME 13 First Middle Lost 1 20. DATE OF DEATH 26. HOUR 7
eral eral	(Type or point) George WILLIAM Frampton aug. 13- 1968 1/2M
E E E	3 SEX 4 RACE S. DATE SP BIRTH 6 AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.
# 329 P	May - Spet Dightday) MONTHS DAYS HOURS MIN
Z Z	11.3.
hour hour	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 9. COUNTY OF DEATH 9. COUNTY OF DEATH
sted within 24 hours after death appletely filled in by the funeral e corbon popers. Pages ond went, within 72 hours after death	MIDOWED DIVORCED Jallot Md.
filled pope	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done libb. KIND OF BUSINESS OR libb. give street gadress) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital libb. gamps) of working life, even weekend libbustry
e executed within ond completely form one execut, with	LASTON Memorial Hospital SALESMAN. DISCULT CO.
completely over corbon y event, wi	130 USUAL RES DENCE (Where deceosed lived, if institution; Residence before 13c CITY OR TOWN
-5 E 9 3 7 1	admission) PARILAND 13b. COUNTALBOTEASTON YEAD NO 13 SOUTH ST.
d d d d d	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
be exe	JOSEPH FRAMPTON MARBARET
e deoth certificate by otherding physicion cermit. Then please on, or removal, and it	160 WAS DECEASED EVER IN 11.5 ARMED FORCES? 160-SOCIAL SECURITY NO. 117 INFORMANT Address
JSS. 19	Ver no or whown) ("years your dotter the trule) 216-10-9147 MRS GEORGE W. FRAMPTON, EASTON MO
ph Ten 10000	
ing in the common of the commo	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY
end mit.	IMMEDIATE CAUSE (a) Carcinona of the pancreas Uncertain
e d off	15 / Due to, or as a consequence of
the the risit p	Conditions, if any/which gave (b)
n. by on: rem	rise to immediate couse (o), (D) Stating the underlying couse (DUE TO, OR AS A CONSEQUENCE OF
es i icio il-tr	lost. (c)
The law requires that the deoth certificate be executed within 24 has attending physicion. has been signed by the ottending physicion and completely filled in use as the burial-transit permit. Then please remove carbon papers, the prior to burial, cremation, or removal, and in any event, within 72 has a second to burial.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
red of b	
bing PHYSICIAN: The low re by the hospital or attending ther this certificate has been be detoched for use as the State Dept. of Health prior to	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED. (Enter popular of injury in Part 1 or Part 2 (fem. 18.)
X po s	YES NO CAUSES OF DEATH?
or o	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2. Item 18.)
Fired Park	
SICI spit eriii ed - of	GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19 2 21d INNIBY OF CURPED 21e PLACE OF INNIBY AT HOME FARM, SIREEL FACTORY 1 216 LOCATION Street or D.E.D. No. 100 or Town County State
OR ATTENDING PHYSICIAN: be retained by the haspiral as IRECTOR: After this certificate e 3 shauld be detoched for a	
det he e D	While Not while of work of wark
VIN by State	22a. I certify that (I) (this haspital) attended the deceased fram 8-4, 1968, to 8-15, 19 68, that (I) (we) last
ed e	saw the deceased alive an 3-15 1968, and that in (my) (our) popinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death.
OR ATTENION DIRECTOR: A get 3 should be down the	
M S S S S S S S S S S S S S S S S S S S	ATTOMBING MED CTAFF
Dige Dis	
MOY AL	22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS
TO HOSPITAL OR ATTENDING PHYSICIAN: The low repage 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	
H Se Fig Fig	230. BURIAL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY, 23d LOCATION (City or Town) (County) (State)
5 5 5 2 4	PONTAL TATION
VR A15 (4)	24, FLANERAL DIRECTOR 250 REED BY REG STRAR 19886. REED BY REG STRAR 19886. REED BY REG STRAR 19886.
30M REV 1/68	Million to Newson Sal FASTON, WIT DATE NO 13 100



		MARYLAND STATE DEPARTMENT OF HEALTH	
A STATE OF THE PARTY OF THE PAR		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	106
FOR STATE		1:09 EMEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		PECEASED-NAME First Middle Lost 20 DATE KNOWNE Month	
of of of	_ '	Type or Print) RALPH WESLEY HARRIS OF ESTI- DEATH MATED OF ESTI- DEATH MATED 8-24	1-68 ₁₉ c5P. M.
\$ 5 m	3 5		2d HOUR
9 8 ₹ 📭 /		M W Bi-pirthday) MONTHS DAYS HOURS MIN Month, Day 4	Year 1968 5 P. M.
Learly deloy is party of party		BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
- 5	(Our	11ry Baltimore USA WIDOWED DIVORCED TALBOT	Md
Poges 1 with form	10, (126 KIND OF BUSINESS OR
		EASTON give street address IAL HOSP. DOA during post of working life even if ret.red.)	MOUSTRY Building
S offer the deoth.	130	JSUAL RES DENCE (Where deceosed I ved, if institut on Residence before 13c CITY OR TOWN 3d INSIDE CITY -M 137 13e STREET AND NUMBER	-
16 £ # 32		dmiss an) STATE MD 13b COUNTY Q.A. STEVENSVILLED NO D	
hours ofter deoth Item 18 Ove Poges Office palong with foil Tond Zwith the Stote ofter deoth.	14. f	FATHER'S NAME John W. Harris Lost IS MOTHER'S MAIDEN NAME Mary Middle	Foxx
INER: This certificate should be executed within 24 hours after death the certificate, writing the word "pending" in pencil in Item 18 Give Page should be forworded to the Chief Medical Examiner's Office pelang with files. 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stonation, or removal, and in any event within 72 hours offer death.			7000
within 24 pencil in xominer's ile poges 1 72 hours	160. (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS AND THE PROPERTY OF	
with per xorr		(es, no, grunknown) (1) pes grup wor or dojes of service) 217-03-4758 Mrs. Ralph W. Harris-Stevens	
should be executed with word "pending" in period the Chief Medical Exorurial-transit permit. File in any event within 72		18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
oruj Witl		PART I DEATH WAS CAUSED BY MULTIPLE SKULL FRACTURES	
exe and int		DUE TO, OR AS A CONSEQUENCE OF	
be "por		rise to immediate couse (a), (b) AUTO ACCIDENT	
e Cl		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sho th in o		lost. (c)	
INER: This certificate should be executed with the certificate, writing the word "pending" in pershould be forworded to the Chief Medical Exortiles. 3 should be used as a burial-transit permit. File notion, or removal, and in any event within 72		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifica fing rde os of, o	22		
wri wri rwo rwo red sed	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
te, for the X	CERTIFICATION	WAS PERFORMED?	YES 📋 NO 🚰
	Œ	210 EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in ury in Part 1 or Port 2, Iter	n 18}
ER: certificantlo	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CZPP M 8-24-68 driver of car which turned	over
Sh fill moth	M	21d INJURY OCCURRED 21e PLACE OF NJURY (At hame, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
DEPUTY DICAL EXAMINER: cessory, please execute the certife funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to buriol, cremotion,		21d INJURY OCCURRED WHILE INFORMATION OF NUMBER OF NUMBER OF START (At home, form, street, at work in at work	1.
L EXA ecute Poge or you or, you iol, cre		22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection 🔀 Inquiry ,	and in my opinion
CTO ex for the burn burn		death resulted from. Notural causes . Accident 🗽 Suicide . Homicide . Undetermined manner [, ,
please ey l' director. retained . DIRECTO ror to but		CHIEF MEDICAL EXAMINER	-
TY please y, please rol direct of retain to prior to		SIGNATURE M.D. ASSISTANT MEDICA. EXAMINER 226 DATE SI	IGNED
OTY, nero			=24-68
o DEPUTY necessory, the funerol 5 may be r o FUNERAL		NAME (Type) Louis Welty ADDRESS(Street, city, town, or county) EASTO	N MD.
5 5 5 5 5	230	B_RIAL_CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
76	1.		re; Baltolla.
12	24	EUNERAL DIRECTOR 250 REG D BY REGISTRAR 250 REGISTRAR 5 S	
VR A15ME (5) 10M REV 1/6B	(Edgar A. Lane Church Hill, Md. DATE AUG 30 1968 Jolland	es Judge
			0 0



_ 1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1
		12097 CERTIFICATE OF DEATH	•
€		ECEASED-NAME First Middle Lost 20. DATE OF DEATH (ype or print)	2b. HOUR
		Thomas Gilton HARRISON (Quaust 32 7968)	670 M
1	3 SE:	Man lost herbert loss two	UNDER 24 HRS
ļ	_/	1111/E 10/6/88 79 YRS	UNG IRIN
l	70 B	BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
ļ	<u> </u>	MARYLAND LIST WIDOWED DIVORCED 1A160T	Md
l	10. C	ITY OR TOWN OF DEATH 11. NAME OF MOSPITAL OR INSTITUTION (If not in hospital during post of work, solite, even if refired) 12b KIND OF BUSI	NESS OR
ŀ	130	THIDGT MEMORIALHOSP. NET PHINTER HOUSE	NG
ı	odi)	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d MISIOE CITY LIMITS? 13d STREET AND NUMBER 13b COUNTY 13d COUNTY 13d MISIOE CITY LIMITS? 13d MISIOE CITY LIMITS?	501 ST
ŀ	14 F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle L	OIV J.
ı		CHARLE F HORREAM SALLY BRUEF	.031
ŀ	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address + 68 S.	Wish.
	Ye	(es, no. paythknown) (It you give was or doles at service) 216-14-9828A MB EDITH B. HARRISAN EASTO	N, M
ľ		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) APPROXMATE BETWEEN ONSET,	INTERVAL AND OFATH
ı		PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) CARCINO MA OF TIFB. LUNG 2 VR	ſ
ı		DUE TO, OR AS A CONSEQUENCE OF	
ı		Conditions, if any, which gave (b) FARCIMENTA 7000	15
ı		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ı		lost. (c)	
ı		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
١	NOL	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIF	VINC
ı	CERTIFICATION	YES NO CAUSES OF DEATH?	TING
		210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
ı	MEDICAL	OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) P.M. 19	
I		21d INIURY OCCURRED 21e PLACE OF INIURY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street or P.E.D. No. City or Town	Stote
ı		of wark at work	
ļ		22a. I certify that (I) (this haspital) attended the deceased from 1964, to 3/24, 1964, that (I) saw the deceased glive an 1964 and that in (my) (gur) apinion death accurred an the date and hour and	(we) last
l		saw the deceased alive an 1965 and that in (my) (aur) apinian death accurred an the date and haur and causes stated above, (i) (we) (did (did nat) view the body after death.	from the
ı		226, SIGNATURE 22c DATE/SIGNED/	
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	0	Medical Arts Bidg. Easton, Mary	land
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_	1	MARTLAND STATE DEPARTMENT OF REALIT
	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		12098 CERTIFICATE OF DEATH
ج کی ا		ECEASED-NAME First Middle / Loss 20 DATE OF DEATH / 1 2b. HOUR
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3-3-5	3. S	EX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER TEAR IF UNDER TEA
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ate crar eas		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
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VR A15 (4)		FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE DATE AUG 12 1968 VOLVONIA CONTRACTOR
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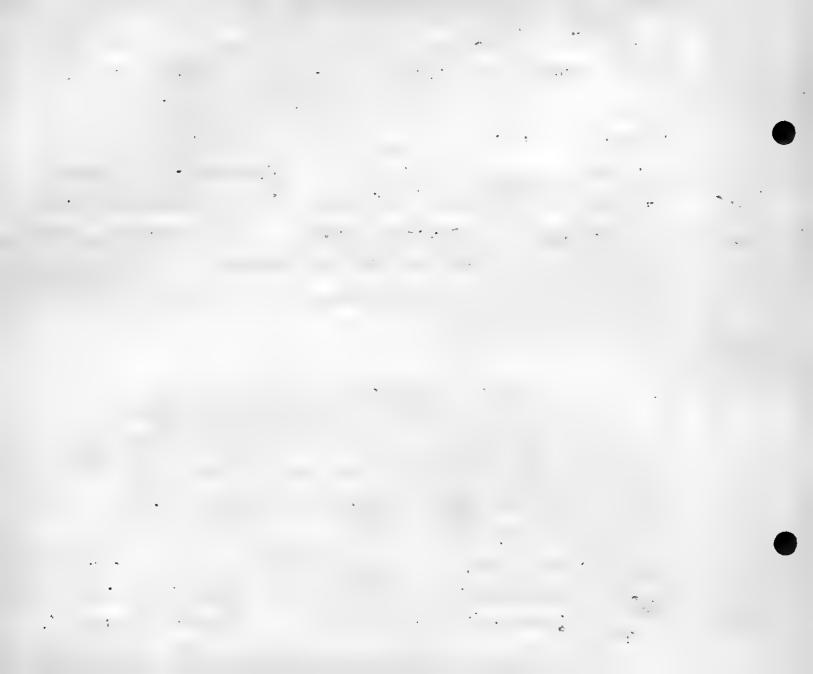
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ICIAN: pital or Tificote d for us of Healt	MEDICAL CER	210 ACCIDENT WAS UNDERLY!! OR CONTRIBUTING CAUSE OF DEA Lif either, notify medical exami	TH HOUR A.M. Ma	RY nth Day Yeor 19	23c HOW INJURY OCC	URRED (Enter nature (af injury in Port 1 or Part 2, I	tem 18.)
PHYSI he hosp this cer teroche b Dept.	¥			ME, FARM, STREET, FACTORY, BUILDING, ETC.	21f LOCATION Street	t or R.F.D. No.	C'ty or Town	County State
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OR AI OR AI DIRECT ORECT OR 3 sh ed with		22b SIGNATURE	- Aw Pra	yi ND	DEGREE PHYS	DIRECTOR	□ STAFF □ 8	DATE SIGNED 24/68.
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ro Hospitat Page 4 may O FUNERAL I director, pog should be fil	23a.	BURIAL, CREMATION, 23b.	DATE -391968	23c NAME OF CEME	ERY OR CREMATORY	y 23d 1	OCATION (City of Town) Marbor, Atla)	(County) (State)
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ertificote b physicion en pleose ovol, and i		WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give we	ED FORCES? It or dates of service) 16b SOCIAL SECURITY 216-07-5	NO. 17. INFORMANT 213 Linwood Lambo	din, Sherwood, Mk	1 [™]
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OR be re 3 le 3 le 4 weed w		72d FHYSICIAN'S HAME (Type)	Whaley	DEGREE PHYS. 22e. ADDRESS	MED. STAFF DIRECTOR PHYS.	-1-68
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VR A15 (4) 30M REV 1 (4)	24.	FUNERAL DIRECTOR E. NEW	NAM & SON, Easter	SEPDATE 4	BY REGISTRAR COLOR REGISTRARS	SIGNATURE



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		21o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT		NJURY Month Doy Yeor	21c.	HOW INJURY OCCURRED	(Enter notur	e of injury in Part 1 or Pa	ort 2, Item 18	8.)
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		1	MARYLAND STATE DEPARTMENT OF HEALTH
0	1	П	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
A STATE OF THE PARTY OF THE PAR	•	- 1	CERTIFICATE OF DEATH
	٠. 2	Ī	DECEASED WAME First Middle Lost Macer 20 DATE OF DEATH 2b HOUR
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	0 0	L	Yes (po, or unknown) (Hyes give wor or dotes of service) 213-24-4688 Joseph Macer, Rhodesdale, Maryland, RFD
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	NDI ad ba		22a. I certify that (i) (this haspital) attended the deceased from, 1968, ta, 1968, that (i) (we) los saw the deceased alive an, 1968, and that in (my) (aur) apinion death accurred an the date and hour and from the
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	PITA mo ERA ERA I be	1	224 PHYSICANS NAME (Type) Dorsett D. Smith M. D. 226 ADDRESS Easton, Maryland 8/8/68
	Foge 4 may O FUNERAL director, page should be fi		230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
	5		REMDY (1994) Aug. 10, 1968 Rhodesdale Cemetery Rhodesdale, Maryland
	VR A15 (47)	1	ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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	1	10	103	CERTIFICATE OF DEATH		7 113
# T €		DECEASED-NAME First	Middle	Last	2a DATE OF DEATH	2b HOUR
B// B	1	(Type or print) Minnie	Willis Marshall		8 Month 4 Day	1968 1 A.M
1 1 1 1 1 1 1 1 1 1	3.		4. RACE	S. DATE OF BIRTH	6. AGE (In years	F JNDER I YEAR 1F UNDER 24 HRS.
y the Pages		Female	Thite	12/13/1878	last hirthday) YRS.	MONTHS DAYS HOURS MIN.
haurs in by ers. Pour	7a	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
4 h in in ers.	- 40	Maruland	USH	WIDOWED DIVORCED	Talbox	Md
filled filled than 7.	110	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 12a US	SUAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
executed within 24 haurs after to impletely filled in by the tracker carbon papers. Pages any évent; within 72 hours after		t. Michaels	Rio Vista /	Yursing Home Will	most of warking fied, even if retired.)	INDUSTRY
ed v	13	LSUAL RESIDENCE (Where deceos	ad lived of institution Residence before	13c CITY OR TOWN 13d, INSIDE CIT		_
= - 1 =""> √9 = =	, QQ	nissian) / Hujland	13h COUNTALbot	Easton YES	NO□ 43 S. Washi	noton St.
	14	FATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME		Last
3 2 6 E	L	Jesse Marshai		(ecelia Wi	llis	
and and and	16	Yes not the unknown) I (If yes give w	and the state of t	NO 17. INFORMANT	Address	
physic perifica physical place	L	Yes, ng./or unknown) (If yes give w	214-32-5	32 Willis J. Ma	rshall, (laiborne,	Ma
9 <u>5</u> E		18. CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and (c)	0		APPROX MATE INTERVA. BETWEEN ONSET AND DEATH
eath andi	П	PART I. DEATH WAS CAUSE!	TE CAUSE (a) _ Can cinc	ma, -loor	I Mosth	22 4KS.
afte on,	П	14	DUE TO, OR AS A CONSEQUENCE OF) (1)	
t th the sit p		Canditions, if ony, which gave a rise to immediate cause (a),	(b)			
tha an. by rran crer		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
equires that the death certifi physician. signed by the attending phy burial-transit permit. Then burial, cremation, or remava		lost.	(c)			
Phy sign bur	Н	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(a)	
w r ding een the r ta	200	Lerebr	ee ach	eros lerosi	o `	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physician is 3 shauld be detached for use as the burial-transit permit. Then please with the State Dept. of Health priar ta burial, cremation, or remayal, and	CEDTIESCATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CO. CAUSES OF DEATH?	NSIDERED IN CERTIFYING
r at	4 5	AL ACCIDENT MAC HADERINA	IO Lest Time of Divine	YES NO	¥.	
AN de la del			H HOUR A.M. Manth Day Year	ZIC. HOW INJURY OCCURRED LET	of injury in Port 1 or Part 2, It	em (8.)
SICI Spit Spit Sed Cof	MEDICAL	If either, notify medical examin	ner) P.M. 1:		N- CA T	County State
PHY b ho lis c tach Depi		While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FA	211, LUCATION Street of K.F.D.	Na. City or Tawn	County State
r the de pre de		22a Leartifu that (I) (th	is basnital) attended the decase	od frames 10	10 × to 0 10	that (I) (we) last
Affe L be Ste		saw the deceased a	live an 1/30	960, and that in (my) (our) o	pinion death accurred an the dat	e and haur and from the
aulo de la contra del la contra de la contra de la contra del la contra del la contra de la contra de la contra del la contra del la contra de la contra de la contra del la contr	П	causes stated obave	e, (I) (we) (did) (did not) view the	bady after death.		
reformation with the second se		22b. SIGNATURE	2/251 1	DEGREE DING	MED STAFF 22c. D.	ATE SIGNED
B a B a B a B a B a B a B a B a B a B a	1	71	niemy	DEGREE PHYS	DIRECTOR PHYS.	8 5 5
May May Page find		22d PHYSICIAN'S NAME (Type) S	KRECH J	R 220. ADDRESS	FACTON	1 10
NER 4 r						1402
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be file!! with the State Dept. of Health priar ta	23	BURIAL (REMATION 23b	DATE 23c NAME OF OLIVE	CEMETERY OR CREMATORY	St. Michaels: M	(County) (Stote)
		BLINEDAL DIDECTOR	Annerss	250 PECT	D BY REGISTRAR 2Sb. REGISTRARS	SIGNATURE
VR A15 (4), 30M REV, 1/48,	0	MURICE E. NEV	WAM & SON, Easton	44 9 4	AUG 7 1968 JCC	arles Justinia
(1)		~ 0	, , , , , ,	VAIL		

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						DEPARTMEN			0
	L		DIVISION OF					, MARYLAND 21201	10
	Ľ		2102		CERTIFIC	CATE OF DI	EATH		114
afh.		ECEASED-NAME Ype or print) First	/ /	Middle		Last	2a. [ATE OF DEATH	2b, HOUR
dead dead	Ľ	the ex high)	Yred	Huer	3	Mileu		Month Dr	6 68 WAM
be executed within 24 haurs after death and campletely filled in by/Ale Tureral eremane carbon papers against and 2 in any event, within 72 hous after peath	3. \$.	Female	4. RACE	White		S. DATE OF BURNE	22, 19	of AGE (In years lost by theay)	F JMOER 1 YEAR F JMOER 24 HRS MONTHS DAYS HOURS MIN
and by one	70.	BIRTHPLACE (State or foreign	b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MARRIE	9. COU	NTY OF DEATH	1
1 in Joseph 72 h	cau	Maryland	USA		WIDOWED			Talbo	* Md
AN: The law requires that the death certificate be executed within 24 hal ar attending physician. It is to be a signed by the attending physician and campletely filled in far use as the burial-fransit permit. Then please remaye carban papers Health priar to burial, cremation, ar remayal, and in any event, within 72 to burial.	10.	ITY OR TOWN OF DEATH,		ME OF HOSPITAL OR INS	TITUTION («E r	nat in haspital	12a USBAL OCCU	PATION (Kind of work done	12b. KIND OF BUSINESS OR
with visit v	Ł	EASTON	give s	freet address)	Hes	ital	during most of w	arking life, even if retired } >work	INDUSTRY Home
completely ave carbon, will y event, wi	13a	USUAL RESIDENCE (Where deceases	hvedy if instituti	on Residence before	13c. CITY OF	TOWN 13d	INSIDE CITY L.M TS7	13e. STREET AND NUMBER	310010
E S E	agin	ssion) STAT Maryland	1884 FOUNITO	aroline	Pres	ton YE	is No 🔀	R.F.D.	
3 7 5 6 6 °	14	ATHER'S NAME First	Middle	Last		S. MOTHER S MAIDE	N NAME First	Middle	Last
2 2 3 E 3 E 3 E 3 E 3 E 3 E 3 E 3 E 3 E		George	E.	Seller	5		Mary		Reid
e death certificate b attending physician permit. Then please an, ar remaval, and i	160	WAS DECEASED EVER IN U.S. ARME	D FORCES? or dates of service]	16b SOCIAL SECURITY N	17.	INFORMANT		Address	
tific ohys		es, n Not unknawn) (If yes give war	OI OCIOS OI SERVICO	None		James L	. Mile	, Preston,	Md. RFD
Pag en	Г	18. CAUSE OF DEATH (Enter only	ane cause per lin	e for (a), (b), and (c).					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
at in the state of		PART I. DEATH WAS CAUSED	BY: E CAUSE (a)	Lexicen	-				12 hum
afte offra		. 71		S A CONSEQUENCE OF		1			
the the nation		Conditions, if any, which gave	(b) (Lornaen	true	1 mpe	etres		12 hrs
that by 1 ans		nse to mmediate cause (a) (stating the underlying cause (DUE TO, OR A	S A CONSEQUENCE OF					
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equires that the death physician. signed by the attendi burial-fransit permit.		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED T	O THE TERMINAL DI	SEASE OR CONDITIO	N GIVEN IN PART 1(a)	
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ATENDING PHYSICIAN: The law requires that the death certificate stained by the hospital ar attending physician. CTOR: After this certificate has been signed by the attending physicial shauld be detached far use as the burial-transit permit. Then pleat the State Dept at Health priar to burial, crematian, ar remaval, an	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHI	CH OPERATION WAS PEI	EORMED	20a. AUTOPSY	?	206. F YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
YSICIAN: The ospital ar atter certificate has hed far use as at af Health pri	Ě					YES 🔲	NO 🔀	CAUSES OF DEATH?	
AN: of ar cate far u		210 ACCIDENT WAS UNDERLYING	21b. TIME OF		21c. H	OW INJURY OCCURR	RED (Enter nature	at injury in Part 1 or Part 2,	Item 18.)
通過連手	MEDICAL	OR CONTR BUTING CAUSE OF DEATH (If either, natify medical examine	r) HOUR A.M. P.M.	Month Day Year					
NING PHYSIC by the baspi ffer this certi be detached State Dept at	W.	2 d INJURY OCCURRED 21e P	LACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC	TORY.) 21f LO	OCATION Street or	R.F.D. Na.	City or Town	County State
det file		at wark at wark							
IN be	L	22a. I certify that (I) (this saw the deceased aliv	-hospital)-atte	nded the decease	d from	8-23	1968	0 8 - 26, 19	68 , that (1) (we) last
END Bed A: A		saw the deceased aliv causes stated above,	/e an Y	did not) vious the	y <u>Coy</u> , an	d that in (my) (death	(aur) apinian d	eath accurred on the d	ate and hour and from the
Fig. 15 de ti		22b. SIGNATURE	(i) (sec) (did) (ald flat view file t	Judy uner	dediii.		22,	DATE SIGNED
OR obe re 3 ed w		29	O same	N W	D DEGI	ATTENDING PHYS	DIRECTOR	STAFF PHYS.	8-74-68
L D Segretaria	L	22d. PHYSICIAN'S) - 100	U.	22e ADDRESS		- 1113	20 4
PIT.	1	NAME (Type) S. P.	Carney	M.D.		E	laston,	Md.	
Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept af Health priar to burial, creases	23a.	BUR AL CREMATION, 23b. DA	TE	23c. NAME OF	CEMETERY OR			LOCATION (City or Town)	(County) (State)
0 g 0 g 4		BUR AL CREMATION, PEMOVAL (Specify)	29-68	Junio	r Ord	er Cem.		eston, Car	, ,,
VR A15 (4)	24.	FUNERAL DIRECTOR	4.	ADDRESS		250	a. REC'D BY REGIS	RAR 25b REGISTRAR	S S GNATURE
30M REV. 1/68		Franciam to	ment Home	Federa	lelion.	mel. DA	ATE AUG 3 () 19613 yelle	mes Judge



1		11	DIVISION OF VITAL RECORDS,	301 W. PRESTON STRI ERTIFICATE OF E	EET, BALTIMORE, N	ARYLAND 21201	:0115	
death.		ECEASED NAME First (ype or print)	Middle	lost		OF DEATH Month 25 Day	1968 1	HOUR
24 haurs after death ed in by the funeral pers. Poget 1 and 3 72 hours after death	3. SE	Female	4 RACE Whote	S. DATE OF BIRT	912	6. AGE (In years last-builday) YRS	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	R 24 HRS MiN
24 haur ed in by apers. P	caur	Talbox	7b CITIZEN OF WHAT COUNTRY? USA	b CITIZEN OF WHAT COUNTRY? USA 8 MARRIED Shever Marr WIDOWED DIVORCE		of death lbot	Md.	
T S S S S S S S S S S S S S S S S S S S		Tilghman	11 NAME OF HOSPITAL OR INS give street address)		durill out of you.	Oh (Kind of work done update, even if retired.)	126 KIND OF BUSINES INDUSTRY	S OR
campletel to the control of the cont	odm	ssian) Maryland	d lived, if institution. Residence before 13b. COUNTY albot	Tilghman	YES NO	STREET AND NUMBER		
be execut in and cam se remove d in any ev		FATHER'S NAME First Samuel Leonary	M₁ddle Last Å	1s. Mothers mail		Middle	Lost	
artificate bu physician c nen please oval, and ii		was deceased ever in U.S. arm ends or unknown) (if yes give we		163 Wade H. 1	Murphy, Ti	lghman, Md.	APPROXIMATE INTE	
PHYSICIAN: The law requires that the death certificate be execute to haspital ar attending physician. his certificate has been signed by the attending physician and cambistached far use as the burial-transit permit. Then please remove a Dept. af Health priar to burial, crematian, or removal, and in any every.		PART I. DEATH WAS CAUSED IMMEDIA Conditions, if any, which gave rise to 'mmediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	umal,	Cecus	'An	ETWEEN ONSET AND ZAMENEN SMALL	DEATH 7
The law requires the ratending physician. I has been signed by use as the burial-trar lith priar ta burial, cre	CEMPLICATION	190. DATE OF OPERATION 196. C	OPHONS CONTRIBUTING TO DEATH BUT NO CONDITION FOR WHICH OPERATION WAS PER	RFORMED 200. AUTOPS YES []	NO [IF YES, WERE FINDINGS CO ISES OF DEATH?		IG
PHYSICIAN: he haspital ar this certificate letached far u e Dept. af Healt	MEDICAL C	21a. ACCIDENT WAS UNDERLYING or contributing cause of Death (If either, notify medical examin 21d INJURY OCCURRED While Not while of work of work	HOUR A.M. Manth Day Year er) P.M. 19			injury in Part 1 or Part 2, 1 City or Tawn		State
OR ATTENDING be retained by the DIRECTOR: After ge 3 should be ged with the State		220. I certify that (I) (this saw the deceased all codes stated above 22b signature 22d. Physician's Name (Type)	s hospital) attended the decease ive and the decease	od from Attending the bady after death. ATTENDING PHYS 22e ADDRI	(our) apinian deat MED. DIRECTOR	h geturred an the dat	e and hour and fr	re) lost om the
TO HOSPITAL Page 4 may TO FUNERAL director, pages thauld be fi			28/1968 Metho		Til		(County) (Stat	e)
VR A15 (A) 30M REV 1768	24.	FUNERAL DIRECTOR AURICE E. NEW	VAM & SON, Easton	, Md.	250. REC'D BY REGISTRAL DATE AUG 3 0		signature when Judge	



		ID STATE DEPARTMENT OF		
4		. 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH		1116
1 DECEASED-NAME Firs	2 4 0 6	Lost	2g. DATE OF DEATH	2b HOUR
(Tump or print)	hn -	Nepert		Day 6 Stear 6.15 M
3 SEX male	4. RACE White	S. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
70 BIRTHPLACE (State or foreign country) Russia	75. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 COUNTY OF DEATH	Md
10 CITY OR TOWN OF DEATH Easton	11. NAME OF HOSPITAL OR IN give streeting diress)		SUAL OCCUPATION (Kind of work don most af working life-even if settred.	
130 USUAL RESIDENCE (Where deceded admission) STATE NICL	sed lives, if institution. Residence before 139 COUNTY Dorchest		Y LMITS? 13e STREET AND NUMBER TUTAL	
14 FATHER'S NAME First	Middle Last	15 MOTHER 5 MAIDEN NAM	First Middle	Last
	pert	Elizabe		
16a. WAS DECEASED EVER IN U.S. AR Yes, no, ocynthown) (If yes give	MED FORCES? war or dates of service) 16b. SOCIAL SECURITY 2I 5-36-		epert Hurloc	k, Md.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (b) CLL C (c) CLL C (c) CONTRIBUTING TO DEATH BUT N	eie Car ful.		
190 DATE OF OPERATION 196	. CONDITION FOR WHICH OPERATION WAS PI	ERFORMED 20a. AUTOPSY? YES NO	CALIFEE OF DEATHS	CONSIDERED IN CERTIFYING
210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DE	TH HOUR A.M Manth Day Year		nter noture of injury in Part 1 or Port	2, Item IB.)
While Nat while at wark		(CTORY,) 21f. LOCATION Street or R.F.D.		County State
saw the deceased causes stated above	nis haspital) attended the deceased ive an eq. (I) (we) (did) (did pat) view the	1968, and that in (fpv) Lour)	pinian death accurred an the	
22b. SIGNATURE	, Warian	DEGREE PHYS.	MED STAFF 22	9 Use G 48
22d. PHYSICIAN'S NAME (Type) /HUI	RSTON HARRI	SUN 226. ADDRESS	tan Kenyla	end!
230 BUR AL, FREMATION, REMOMAL (Specify)		CEMETERY OR CREMATORY RDER CEMETER	23d. LOCATION (City or Town) PRESTOD, CF	(County) (State)
24. FUNERAL DIRECTOR	ADDRESS	25a. REC	BY REGISTRAR 25b. REGISTRA	P.S. SVENATURE AND THE
Oli Survey 1:00	scored 4	DE DOWN ON DATEAU	G 1 5 1968 A	0



2 1	17	2107		ND STATE DEPARTMENT OF HEA 5, 301 W. PRESTON STREET, BALTIMO		
Constitution.			Mar	CERTIFICATE OF DEATH	10107	12117
4 -24		CEASED NAME First	Middle	1 Last	a. DATE OF DEATH	2b HOUR
death. neral and 2 death.		ype ar print)	类	ta himan	august Da	1 1968 7 acc
	3. SE	<u> </u>	4 RACE	S DATE OF BIRTH Sept. 2, 1881	AGE (In years last birthday) YRS.	F UNDER I YEAR IE UNDER 24 HRS. MONTHS DAYS HOURS MIN.
4 haur 4 in the speks. 72 hou	7a. E caur	IRTHPLACE (State or foreign try) Penna.	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED 9. 0 WIDOWED DIVORCED	Talbat	Md.
death certificate be executed within 24 haurs after rending physician and completely filled in by the Turat. Then please remove carban papers.	10 C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR give street address)		CCUPATION (Kind of work done of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
cuted vomplete	13a admi	USUA. RESIDENCE (Where deceasesion) STATE md.	sed lived, if institution. Residence before 13b COUNTY Talbot	Easton YES NO	130 STREET AND NUMBER 302 Elm Ave.	
any cony	14. [ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
a be	ļ	Arron Linn	LILL COCK ACCURATION	Sophie Mol		
eath certificate be exerenting physician and common and common are remo ar removal, and in any	16a. Y	WAS DECEASED EVER IN U.S. ARA es, no, ar unknawn) (If yes give v	MED FORCES? wor or dates of service) 16b. SOCIAL SECURIT 220-314-9		Address Trappe, Md.	
certi g ph Then mov		18. CAUSE OF DEATH (Enter on	nly one cause per line for (a), (b), and (d) / / / .	J.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ar re		PART I. DEATH WAS CAUSE	ATE CAUSE (a) CONCAY	1 / 1 / 1	1,7/	The state of the second
e onen e onen perper		+3.7/	DUE TO, OR AS A CONSEQUENCE O	F		
* E * 0		Canditians, if any, which gave inserta immediate cause (a), ((D)			
s the cian. d by -trai		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE C	F		
quire hysional igne urial			(c) . NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE FERMINAL DISEASE OR COND	DITION GIVEN IN PART 1(a)	
rec ng p en s en s ta p	.≠		rellure le	HY hip	, ,	
OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital ar attending physician. IIRECTOR: After this certificate has been signed by the established for use as the burial-transk, and with the State Dept. af Health priar ta burial, cremated with the state of the contraction of th	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 200° AUTOPSY3	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
N: ar ar ar or us lealt		21 a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT		21c. HOW INJURY OCCURRED (Enter na	ture of injury in Part 1 or Part 2,	Item 18.)
SICIA spita ertific ed fi	MEDICAL	(If either, natify medical exami	iner) P.M.	19		
5 PHY the hor this ce detach	W	While Not while at work		PACTORY.) 21f LOCATION Street or R.F.D. No.	City or Town	Caunty State
by by be Stat		22a. I certify that (I) (the saw the deceased a	nis haspital) attended the deced	sed fram , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1	_, to, 19	, that (I) (we) last
TEN ined OR: auld		causes stated above	e, (I) (we) (and) (dual (at) view th	e body other death.	in dealin deconed on the di	The difference of the first time
OR AI OR Estable Per Crop of Street S		22b SIGNATURE	Amo	ATTENDING MED DIRECT	STAFF Nov 1 "	AUA GO
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre		22d. PHYSICIAN'S NAME (Type)	C-H. Schmin	1 22e. ADDRESS = 245	tory Mary	112nd
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	F	REMOVALTSpecify) 8/	/9/68 Sprin	g Hill	3d LOCATION (City of Town) Easton, Telbot,	
VR A15 (4) 30M REV. VAB	24	THE DIRECTOR	ERIN ENTO	- 3660 ALIC	egistrar 286 registrar's	SIGNATURE



	CERTIFICATE OF DEATH
2 45 2 5 2 5 2 6	DECEASED-NAME (Type or print) First / ina Rence Middle Color
at se	SEX Female A RACE S DATE OF BIRTH 7/24/1968 Female Female
72 hours	o BIRTHPLACE (Stote or foreign of the country? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH ountry) Manyland USA WIDOWED DIVORCED TALLY
¥ / X	D. CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
() a	d uSual RES DENCE (Where deceased lived, if institution Residence before dission) STATE Md. 13b COUNTY albot Easton 13c CITY OR TOWN 13d HISSOE CITY (HMIDS? NO DOVER Arms Apts.
/ 1	4. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
-	James E. Reynolds, Jr. Sallie Ann Fike 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 117 INFORMANT Address
- 1	Yes, no, or unknown) (It yes give wor or dates of service) James E. Reynolds, In Easton, Notice
	18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave Inselige immediate cause (a), (b)
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
4	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? YES \(\text{NO MICH OF OPERATION} \) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? YES \(\text{NO MICH OF OPERATION} \) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? YES \(\text{NO MICH OF OPERATION} \) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? YES \(\text{NO MICH OPERATION} \) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? YES \(\text{NO MICH OPERATION} \) 197 CAUSES OF DEATH?
- 1	OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Manth Day Year P.M. 19
1	While Nat while at work of wor
	22a. I certify that (I) (this hospital) attended the deceased from July 24, 19.68., ta Aug 15, 19.68., that (I) (we) la saw the deceased alive at Aug. 13.19.68 and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated above, (I) (we) (did not) view the bady after death.
	226. SIGNATURE DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. 22c. DATE SIGNED 22c. DATE SIGNED
1	22d PHYSICIAN'S NAME (Type) A. Mehrizi, M.D. 22e. ADDRESS Easton, Md.
	BUBIAL (REMATION, REMOVALISEES BY) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (23d. LOCATION (City or Town) (County) (State) Fairview (ordova, Ad.)
200	Appress ADDRESS ADDRES

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•		MARYLAND STATE DEPARTMENT OF HEALTH	
The state of the s		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		12109 CERTIFICATE OF DEATH	
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_		MARYLAND STATE DEPARTMENT OF HEALTH
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 OCCUPY OF THE PART OF T		- 1	MAKILAND STATE DEPARTMENT OF REALTH
TO DECADO NAME Test Middle List Property Prop	ì		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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ADDRESS 250 RECORD RY REGISTRAR 2 Sh REGISTRAR S SIGNATIFE	5 0 0 ip ig	- -	BEMPENISPETY 8/5/1968 SPRING HILL EASTON, M.D.
30M REV 1/8/ Maulia ha Walland Joy LASTON, M. DATE AUG 6 1968 persons	^	1 34	ADDRESS 250 PEC D BY REGISTRAR 250 REGISTRAR 5 SIGNATURE
		X	Maulie to Newham day tow Md DATE AUG 6 1968 persons



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. 2.	1. Di	CEASED-NAME First	1/2110	M.ddle	Lost		ATE OF DEATH		2b. HOUR
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The low requires that the deoth certificate be executed within 24 haurs after death ottending physicion. has been signed by the ottending physicion and completely filled in by the funeral se as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 th prior to burial, cremation, or removal, odd ittany event, within 12 have affect death	3 SE	MALE	4 RACE COLO	RED	S. DATE OF BIR	1-99	6. ÅGE (In years last bithday) 69 YRS.		UNOER 24 HRS OURS MIN
一	7o	IRTHPLACE (State or foreign	75 CITIZEN OF WHAT	COUNTRY?	8 MARRIED NEVER MARR	RIED 9. COUN	TY OF DEATH	<u> </u>	
A E ST	CUSI	MARYI.AND	USA		WIDOWED DIVOR	CED 7	Albul		Md.
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and control of the co	14	ATHER'S NAME First	Middle	Last	15. MOTHER'S MAI	IDEN NAME First	Middle		Last
a see	_	LINCOLN		STAFF		JULIA		SPICE	1
ricote plea 1, oct	16a. Y	WAS DECEASED EVER IN U.S. AR es, ner of unknown) (17 yes give	way or dates of service)	Sb. SOCIAL SECURITY N		######################################	Address		
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w required by the signature of the signa	Z	PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTION	S TO DEATH BUT NO	TOTY ATT	DISEASE OR CONDITION	GIVEN IN PART I(a)	E517	-4
The low restending hos been see os the h prior to	CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH	OPERATION WAS PET	FORMED 200. AUTOR		20b. H YES, WERE FINDINGS (AUSES OF DEATH?	ONSIDERED IN CERT	FYING
F. The per of the beautiful to the beaut	CERTII	21a. ACCIDENT WAS UNDERLY	NG 21b. TIME OF IN	UURY	, –	··· /CN	of injury in Port 3 or Part 2,	Item IR1	
CCAN Ditol of the of He	ਤ	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	Manth Day Year	The flow hader occur	SKILD (CINOS HOTOIG	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10.17	
by the haspitals: The law reby the haspital or ottending ofter this certificate has been be detached for use as the State Dept. of Health prior to	MEDI	21d INJURY OCCURRED 21e While Not while at work at work	PLACE OF INJURY (AT	HOME FARM, STREET FAC FFICE BUILDING ETC.	ORY) 21f. LOCATION Street	ar R.F.D. No.	City or Town	County	State
DING by til fter be d State		22a. I certify that (1) (t	nis hospitol) otten	ded the deceose	d from / HUC	9 , 19 60 , 1	0/3 HVG_, 19	6d, that (D(we) lost
TENI ined OR: A		saw the deceased couses stated above	e(I) (we) (did) (di	id not) view the	and that in (my	r) (aur) apinian ae	arn accurred on the do	ite ona haur an	a from the
OR ATTENDING be retained by th DIRECTOR: After a ge 3 should be d led with the State		226 SIGNATURE	9 Fs8	M. Co	Degree Attending	G MED DIRECTOR	STAFF 22c	DATE SIGNED	68
Moy RAL Pog		22d PHYSIC AN'S NAME (Type) R10	HARD	1450	JMD 228. ADDR	MSTO.) 2/60/	ad	4
D HOSPI Poge 4 n D FUNER director, should b	23a		DATE	23c NAME OF	EMETERY OR CREMATORY	23d. L	OCATION (City or Town)	(County)	(State)
5 5 5 2 V		BU-(TAL'y)	8/18/68		ESLEY	LT	NAS RD. DO	R. MD.	
VR A15 (4) 30M REV, 1/68	24	FUNERAL DIRECTOR	Clair		LAIR F. HOME RIDGE, MD.	2Sa. REC'D BY REG ST	1968 25b. RECEAR	They Judg	e.

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1 2	L/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	127
FOR STATE	-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3. % 4
HEALTH DEN.		Type or Print)	loy Yeor 25 HOUR
	3 \$	6) ames T. /a/bot DEATH MATED \(\delta \)	8 65E2PM
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L EXA recute Poge for you for you fal, cre		22a 1 certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry .	and in my opinion
Se ex ctor.		death resulted from Notural couses 📞 Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined manner 🗌	
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		MARILAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	11 400
tere chillren histo		10118 CERTIFICATE OF DEATH	12128
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OR / be re be 3 sed wijed wijed wijed		ATTENDING TO MED STAFF CT	MGNICH
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. /	17	MARTLAND STATE DEPARTMENT OF HEALTH	
	Ľ	DIVISION OF VITAL RECORDS, 301 W. PRESTON, STREET, BALTIMORE, MARYLAND 21201	130
FOR STATE	K	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 19120 -	i +1 t/
HEALTH DEPT.		DECEASED NAME Type or Print) Modile Lost 20 DATE KNOWN Month Do	y Year 2b HOUR
1 5 5 8 X 29	,	Type or Print) William EMORY Williams DEATH MATED 8 7	19 68 M
PARTIE .	3 \$		2d HOUR
- STE		W /V 3 1915 53 VRS MONTHS DAYS HOURS MAIN Month 8 Day 7	Year 19 68 8 7 M
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2/ X \ = '	-	18 CAUSE OF DEATH (Enter only one cause per propior (a), (b) and (c).)	APPROXIMATE INTERVA
		PART I DEATH WAS CAUSED BY.	BETWEEN ONSET AND CEATH
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L EXAMINER: ecute the cert Page 4 should ar your files. R: Page 3 should, crematian,		WHILE AT WORK AT WORK	
bical EXA please execute I director. Page retained for you. DIRECTOR: Pag or ta buriol, cre		22a certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry ,	and in my apinian
Ed. ey.		death resulted fram. Natural causes X, Accident , Suicide , Hamicide Judetermined manner	
TTY DICA y, please e: sral director be retained XAL DIRECTOR		CHIEF MEDICAL EXAMINER	
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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		12122 CERTIFICATE OF DEATH	
death.		ECEASED-NAME First Middle Lost Lost 20 DATE OF DEATH Type or print) JOSEPHUNE STEPHENSON WILSON DOWN Day Year 25 HO	5 M
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ertificate be physician e nen please iaval, and in		16b SOCIAL SECURITY NO 217 INFORMANT WILSON, CHESTERTOWN, MD-216: 216-46-4429 C. WM. WILSON, CHESTERTOWN, MD-216:	12
daw requires that the death certificate be executing physician. been signed by the attending physician sad entitle burial-transit permit. Then please remove iar ta burial, crematian, or remaval, and in any executive.		18 CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Confiction head failure 3 mo	TH:
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for far far far far far far far far far fa	MEDICAL CE	or contributing of cause of Death HOUR A.M. Month Day Year [1] either, notify medical examiner) P.M. 19	
45 - 70 0	25	21d INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. Na. City or Town County Sto	
NDIN od by After d be e Stal		22a. I certify that (I) (this hospital) attended the deceased from 7-5, 1964, to 8-30, 1964, that (I) (we saw the deceased alive an 8-2, 1964, and that in (my) (our) opinion death accurred on the date and hour and from causes stated abave, (I) (well-b) (did not) view the body after death.	last the
AL OR ATTER y be retaine L DIRECTOR: age 3 shaul filed with th		226 SIGNATURE DEGREE PHYS DIRECTOR STAFF 222 DATE SIGNED 9-2-68	
O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page 3 shauld be filed		22d. PHYSICIAN'S/ NAME (Type) 22e ADDRESS	
TO HOOP Page TO FUN direct shaul		BURIAL CREMATION, 236 DATE 23C. NAME OF CEMETERY OR CREMATORY. 23d. LOCATION (City or Town) (County) (State) SEPT 3,1968 ANGEL HILL CEM. HARREDE GRACE HARFORD IN	۵.
VR A15 (4) 30M REV (1/68)	24 X	Madison Mitale M Laved G. Dar Glange D. 1968 Clienter Sugar	

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		13	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH	· · · · · · · · · · · · · · · · · · ·	12132
event, within 72 haurs after death.		CEASED-NAME First	/ Middle	Lost	20. DATE OF DEATH	26, норт
1		ype or print) Mill	Tred DEAN	Wilson	Manth Poy	60 8 60 K
	3. SE	× 1_	4. RACE	S. DATE OF BIRTH MARCH 2.1	802 6. AGE (In years last birthdoy) YRS.	IF UNDER I YEAR IF UNDER A HES.
	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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				Hothmas, C.J. Bin	LER EASTON- M	APPROXIMATE INTERVAL
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		Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE O	and		415.
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		lost.	(c) T C V	1)		1712.
		PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE C	RCONDITION GIVEN IN PART 1(0)	,
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X	TIFIC			YES NO	CAUSES OF DEATH?	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEAT			nter noture of injury in Port 1 or Port 2, It	em 18.)
	MEDICAL	(If either, notify medical examination)	ner) P.M.	19		
	~	While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D.	No. City or Town	County Stote
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		saw the deceased a	live on D	.19 .20 , and that in (my) (aur) a	pinian death ocurred on the dat	e and haur and fram the
		causes stated above	e, (I) (we) (did) (did nat) view the	bady after death.	100.0	whom I
		220. SIGNATURE	Krece /	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	ATTE SIGNED 68
1		22d. PHYSICIAN'S NAME (Type)	S. KRECH	SR. 220. ADDRESS E	ASTON, M	d./
	2304	BURIAL CREMATION, 23b.	DATE 23c. NAME O	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
		REMOVAL (Specify)		ie Hill	EASTON TH	LBOT MD
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	1	MARYLAND STATE DEPARTMENT OF HEALTH	
- I		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12123 CERTIFICATE OF DEATH 12133	
20 - i	1 0		מווס
		ECEASED-NAME First Middle Lost Lost 20. DATE OF DEATH Type or print) William Swis Winters 20. DATE OF DEATH The Month 12 Day 8 Year 20. HC	AN
	3. 5		4 HRS. MIN.
	70	Male White 4/20/1896 (ast Ditthday) YRS. MONTHS DAYS HOURS BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED TO NEVER MARRIED TO SEATH.	
	cou	BIRTHPLACE (Stote or foreign ntry) Oklahoma USA WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH	Md
78	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during host of working life, propriet retired.) 12. USUAL OCCUPATION (Kind of work dane during host of working life, propriet retired.) 12. USUAL OCCUPATION (Kind of work dane during host of working life, propriet retired.))R
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1	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last Katherine Daum	
	160	Was DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (III yes give word dates of service) 216-46-61277 Mrs. William L. Winters, Oxford, Md.	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	LTH:
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) BUSICIFO PNEUTONIA 48 HOU	185
		4359 DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if any, which gave to immediate cause (a). (b) CEREBRAL THROMBOSIS > DAYS	>
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	MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natify medical examiner) P.M. 19	
	WE	21d. INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stol	
. OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate ge 3 shauld be detached far uled with the State Dept. af Real		22a. I certify that (1) (this haspital) attended the deceased from Naventon, 1965, to Angust 127, 1968, that (1) (we) saw the deceased alive an August 127, and that in (my) (aur) apinian death accurred an the date and haur and from) las
		saw the deceased alive an House (II) (1963, and that in (my) (aur) apinian death accurred on the date and haur and fram causes stated above, (II) (we) (did (did nat) view the bady after death.	n th
		22b. SIGNATURE 22c. DATE SIGNED	
	П	C. (Com. 12 DEGREE ATTENDING DIRECTOR DIRECTOR PHYS. DIRECTOR DIRE	
1		22d. PHYSICIAN'S NAME (Type) C. RW BAIN 22e ADDRESS 220 F. DEVER FASTON, I'd	1
	230	BURIAL (CREMATION) 23b. DATE 2/1968 23t- NAME OF CEMETERY OF CREMATORY Washington, DC. (County) (State)	
	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	
4	W	beure to leunay In thotaw. Mgo DATE AUG 1 4 1968 Pelianles Judge	

